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ABSTRACT

This paper describes a mental health clinic program designed specifically for men, and reviews historical antecedents which led to its creation. A literature search is presented which reveals a lack of research relating specific male needs to mental health programs. The program description discusses the workshop/seminar format adopted by the men's group which met once a week for six weeks, and the discussion topics, e.g., changing male roles, sexuality, relationships (male/male, male/female), awareness of feelings, marriage and separation, the father role, and careers. The combination of leader presentations and sharing by group members at each session is described. Publicity problems are reviewed, along with recruitment methods. The high attrition rate is noted along with the experiences of the one leader and three participants who continued. An informal evaluation of the success of the group is included and concerns to be addressed before the formation of a new group are identified. The rationale for offering similar programs is also presented. (NRB)

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AN INNOVATIVE APPROACH TO MEETING THE NEEDS OF MEN IN A COMMUNITY MENTAL HEALTH CENTER

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

In the fall of 1980 the Adult Out-Patient Clinic of the Queens Hospital Community Mental Health Center offered a program specifically designed for men. This paper will begin to look at the program as well as the more generic issue of whether traditional mental health programs meet the unique needs of males in today's society.

One of the mandates of any federally funded Community Mental Health Center is that it establishes programs to meet the needs of the residents of its catchment area. The federal guidelines contain a long list of "special groups" whose unique needs must be addressed by the Center. Among these are ethnic and racial minorities, the elderly (particularly the frail elderly), children and women. Our experiences in the Adult Out-Patient Clinic of the Queens Hospital Community Mental Health Center has been that men, as a group, have not utilized the services which have been offered. This experience is not specific to this program. Why then, this writer asks, has there been no requirement to improve the utilization of our services by this group. Historically, when other groups have underutilized services various mental health groups have attempted to determine if barriers have blocked their utilization. Similarly, as groups have started to change their own identifications, i.e.: Women and Blacks, efforts have been made to insure that mental health services remain consistent with these changes. This, for many reasons, has not been true when the group in question has been men.

The fact that men die at younger ages than women is not surprising to anyone. At every age the male death rate is considerably higher than that of the female. In 1920 the difference between the life expectancy of females and males was one year while now it is approximately eight

years and increasing. Goldberg indicates that, "the increasing disparity in longevity cannot simplemindedly be attributed to some "natural" female biological superiority. Males have larger hearts and lung capacities proportionate to their size and a greater capacity for oxygen in the blood which enables them to recover from exhaustion faster. The oldest authenticated age for a human was achieved by a male. That males are showing these dire longevity statistics must be viewed from the perspective of life-styles, stresses, physiological habits, emotional repressions, and sociological pressures."[1] Toomer stated that men's "... striving for a manly self image becomes a kind of work whose chronic stress and energy expenditure may be a factor related to men's shorter life-span. Some preliminary correlational data support the importance of stress as a contributer to decreased longevity.... Extensive evidence exists to support the contentions that a male sex-role stereotype operates to shape- and restrict- the values and actions of males in our society. Further, males appear to pay a price for conforming to a traditional masculine image as they die earlier, frequently live in self-imposed isolation and suffer from an inordinate amount of stress."[2]

With this in mind one has to wonder what mental health programs are doing to address these issues. This writer decided to review the literature to locate articles which related mental health programs in any specific way to males. Howe and Schuerman have indicated, "that the literature is an imperfect indicator of the state of practice generally."[3]

1. Herbert Goldberg, The Hazards of Being Male, pg. 173.
2. James Toomer, "Males in Psychotherapy", The Counseling Psychologist 7:4 (1978): 23.
3. Michael Howe & John Schuerman, Trends in Social Work Literature: 1957-1972", Social Services Review 48 (June 1974): 279-285.

Even though this might be the case, certain trends could be identified. The National Association of Social Workers Abstracts for Social Workers were reviewed from 1965-1980. The Psychological Abstracts were reviewed from 1962-1980. Articles relating specific male needs to mental health programs were virtually nonexistent. Many articles were reviewed, however, relating to women and mental health programs. If one agrees with Howe and Schuerman then the suggestion might be that these specialized services are being offered and just not reported in the professional literature. I believe that if services specifically designed to meet the needs of men were being offered in any significant numbers, there would be some mention of them in the professional literature. It is with this background that the writer set out to create a men's program at the Queens Hospital Community Mental Health Center.

The Center had already been sponsoring a successful women's program, so it was a rather natural extension to announce the formulation of a men's program. The first decision had to be what format the program was to take. It was decided that the program would follow a workshop/seminar format consisting of six, one and one half hour sessions held one evening per week. The sessions were to combine presentations (formal and informal) by the group leader as well as sharing of experiences and feelings by the group members. Although it was the hope of this writer that the group sessions would consist largely of the members sharing, that would have to be determined by the group members themselves. The suggested topics to be covered during the seminar were: changing male roles, sexuality, relationships (male/male and male/female), awareness of feelings, marriage and separation, the father role, careers and other topics as they were suggested by the group participants. We also

decided that the group members should be over the age of 21. It was felt that if many younger men expressed an interest in the program, a separate group would be formed for them.

The name of our womens program was "Woman Aware." We experienced much difficulty in thinking of a name for the men's program. Our problem was to find a name which did not sound too much like a traditional therapy group and at the same time was not offensive to the men. We were not very successful at this as our program has been called "Men's Group." I believe that the area of publicity bears mention at this point. Announcements were sent out to the Center's usual mailing list and to our regular contacts with the media. It is very significant to note that two major metropolitan area newspapers which found the "Woman Aware" program newsworthy refused to print announcements about the men's program. In both cases, male editors made this decision. One newspaper did print an announcement indicating that a men's consciousness raising group was forming. It should be noted that while many of the views and values expressed by this writer are those adhered to by the mens liberation movement there was no intention to form an actual consciousness raising group at the Center. The possibility that this could develop after the completion of the six week program was not completely ruled out.

We planned on starting the group when pre-registration (consisting of calling the group leader to indicate interest) reached 12-15 men. It is recognized that this is an exceptionally large number of individuals for this type of group, but I was anticipating a great deal of attrition. We had an initial pre-registration of twelve men who had heard of the program through various sources. The first two meetings had four and five

members respectively. The other pre-registered individuals never came. After the first few sessions, the group lost members and became an on-going steady group of three men and a leader. Although this small number presented some problems as it would in any group process, the three men formed a cohesive working unit. All three were white, middle-class, professional men. This was certainly not a representative group of the Center's catchment area. One man was a physicist, one an engineer, and one a social worker. One man was in his late fifties and a widower with no children, while the other members were married and in their late thirties. One had a young son and daughter and was concerned about his relationship with them. The third was married and made the decision with his wife that they would not be having children. Both married men had concerns about their relationships with their wives, while the un-married member of the group was quite concerned about dating.

Although these men were unusually open in that they joined a group such as this, there was initially a great deal of hesitancy to begin sharing information. They were quite proficient at intellectual discussions of any of the topics, but avoided personalizing the discussion. As the group progressed, each member began to open-up and share more personal information. It is interesting to note that at least initially this information was directed at the group leader rather than to each other. By the end of the six week period, there was an open sharing among the members. There was still a reliance on the group leader to introduce at least the initial topics for discussion each week. Recurrent themes were sexuality, relationships (marital and non-marital), and careers.

Although male roles and societal pressure interact with all the issues previously mentioned, there was only limited focus on these as specific entities. The one issue that did come through was a feeling of isolation. There was particularly, especially among the two younger members, a feeling of sadness related to the lack of genuine relationships with other males. One member, while discussing relationships, often referred to experiences he had while in combat.

The group in actuality ran two extra sessions for a total of eight weeks. It is difficult to quantify what was gained by each member of the group, but there appeared to be a general sense of satisfaction with the program. Interestingly, one criticism that the members voiced during the last session was that although topics were touched on, they were often not examined in enough depth. During the process it was often the sense of the group leader not to delve too deeply into certain areas.

Overall, I viewed the men's program as a success. I believe that all the individuals in the group were able to begin to open up their feelings and concerns previously shut out of probably even their own awareness. They were also able to begin to interact with other males in a non-competitive way. If men can have these two experiences to carry with them for the rest of their lives, then the program was certainly a success. Should this type of program be offered again? My emphatic, although biased, response would have to be yes. Certain concerns would require examination, however, before the new group could be started. Paramont among these would be getting more men involved in the program. I am sure that the men are out there who would be interested in this type pf program, but they have to be reached. Some innovative approach

for the publicity of the program would have to be used, being careful not to scare away potential members. The leader would also have to decide the minimum number of participants required. Finally, there needs to be some flexibility as to the length of the program. Although some movement can definitely be seen in six weeks, it takes men almost that long to begin to learn to talk to each other. It is very difficult to begin a process that you have worked against your whole life.

Does a program like this belong in a Community Mental Health Center? It certainly does for two reasons. The first is that each Center is required to offer programs to meet the needs of the residents of its catchment area. As men make up a sizeable proportion of any catchment area then this type of program will meet that mandate. Second, and even more important, it is the Community Mental Health Center's mandate tp provide prevention services. If a program such as the one described can begin to help men see the origins of many of their behaviors and difficulties before any serious breakdown occurs, then many crises can be avoided. I believe that this program can also bring men into treatment at an early stage thus improving their prognosis.

As professionals interested in improving the quality of life for our clients we must begin to address those things in our culture that are harmful to such a significant number of individuals. Not only are men's daily lives affected, but they actually have more serious illnesses and a shorter life expectency than women. Man's need to be competitive, to repress his emotions, and always perform for fear of being considered less a man contributes to this situation. We as mental health professionals must begin to help men see the destructiveness of what they are

doing. This must be done in programs such as the one described today, but also in one to one treatment. Clinicians must begin to recognize that newer male alternatives are as appropriate as more traditional choices. Gilberg states that, "Psychiatry is in a period of phase development. We have evolved theories of how people should live, have sex, work, love, and view each other. These are possibly systems to protect our society from change. Psychiatry as a discipline must become aware of its limitations. Male consciousness is but one example of an evolving culture."[4] I do hope that these issues begin to be addressed by our various professions in the near future.

4. Arnold Gilberg, "Male Consciousness: New Perspectives", The American Journal of Psychoanalysis 38 (1978): 281-283.

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